

Kentucky — Targeted Case Management

Since 1999, the Health Access Nurturing Development Services (HANDS) home visiting program has promoted healthy pregnancy and birth outcomes for Kentucky residents. The statewide program served more than 11,000 families in FY 2010.⁴⁰ Program goals include positive pregnancy and birth outcomes; optimal child growth and development; healthy homes; and family self-sufficiency. The health prevention curriculum, based on Growing Great Kids,⁴¹ consists of multiple home visits with health professionals and paraprofessionals to ensure a developmentally appropriate, healthy, and nurturing environment for children ages birth to three years.

The voluntary home visiting services administered by the state include HANDS, Early Head Start, and home visits provided by Child Protective Services. HANDS was not identified by the U.S. Department of Health and Human Services as an evidence-based model, but the state is currently conducting an evaluation of the program that is intended to yield that classification. Nurse-Family Partnership and Parents as Teachers have several privately run sites in various parts of the state.

HANDS is administered by the Kentucky Department for Public Health (DPH) and implemented by local health departments.

The program, available to all first-time parents, regardless of income or insurance status, offers a basic screening to determine potential stressors for all participants. Clients found to be high-risk receive a more in-depth assessment, educational curriculum, and case management.⁴² HANDS boasts high retention rates, with approximately 40 percent of clients receiving services for more than 18 months.⁴³

Medicaid and HANDS Home Visiting

HANDS was not originally designed with the participation of Medicaid. Originally, the Kentucky Department of Public Health used state funding for implementation in 15 pilot areas. Initial evaluation of the pilots demonstrated positive birth outcomes for participants, and DPH set a goal to expand the program in order to promote healthier pregnancies and positive birth outcomes throughout the state.

In 2000, the Kentucky General Assembly created the early childhood development act known as Kids Now, which receives 25 percent of Kentucky's Phase I tobacco settlement resources. Several years after the inception of HANDS, Kids Now reviewed client data to find that more than 90 percent of participating mothers were eligible for Medicaid. DPH, seeking to form a collaborative agreement with the agency, approached Kentucky Medicaid to discuss the benefits of HANDS services and potential for reimbursement. In their

collaborations, DPH offered to use Kids Now funds to pay the state share of HANDS services provided to Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries. This arrangement was key to the partnership between Medicaid and DPH and has limited the political and financial challenges associated with adding HANDS as a reimbursable service.⁴⁴

Convinced by the positive outcomes shown in program evaluations, Kentucky used a Medicaid state plan amendment to make HANDS available to Medicaid-enrolled first-time parents statewide. As a component of targeted case management (TCM), HANDS receives the full FMAP, which in Kentucky is currently 71 percent.⁴⁵

Licensed nurses and social workers as well as paraprofessionals deliver HANDS services.⁴⁶ All HANDS services are reimbursable for Medicaid and CHIP beneficiaries, and HANDS does not bill other third-party payers.

Tobacco settlement dollars, in addition to funding the state share of Medicaid reimbursements, are used to cover costs for individuals without Medicaid coverage.

Kentucky CHIP is a separate program that utilizes all Medicaid structures, including billing procedures. CHIP beneficiaries are also eligible for HANDS reimbursement. Within the fee-for-service system, three Current Procedural Terminology (CPT) billing codes are used for both Medicaid and CHIP — one for the assessment, one for a home visit by a professional nurse or social worker, and one for a home visit by a paraprofessional. The reimbursement rate is contingent on which service is provided and on the type of provider.

The billing provider for all claims is the state DPH, and the rendering provider is the local health department. Each entity has its own provider code. DPH submits a claim in the Medicaid system using the CMS 1500 form. Home visiting, as a component of prenatal care, is billed using the parent’s Medicaid identification

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Kentucky HANDS Medicaid Billing Codes

Service	Code	Code Definition	Payment
Professional Home Visit	S9444	Parenting classes, non-physician provider	\$160
Paraprofessional Home Visit	S9445	Patient education, non-physician provider	\$120
Assessment	T1023	Program intake assessment	\$170

number. Home visiting services delivered after birth are billed with the child's Medicaid identification number, given many mothers are no longer Medicaid-eligible after 60 days postpartum.

Lessons Learned

Collaboration with Medicaid has significantly expanded the capacity of HANDS, helping Kentucky to offer the program in all 120 counties. Although the state plan amendment was laborious in its initial development, the highly collaborative relationship between DPH and Medicaid has yielded few challenges. Perhaps the most significant challenge is the determination of which Medicaid beneficiaries qualify for participation in the program. As outlined in the state plan amendment, HANDS is intended only for first time parents. Participation in the program is voluntary and guidelines for participation as outlined in state regulation include:

- A pregnant woman who has not reached her 20th birthday and who will be a first-time parent;
- A pregnant woman who is at least 20 years old, will be a first-time parent, and a risk is deemed likely for the pregnancy or the infant;
- An infant or toddler, up to his third birthday, whose mother meets one of the eligibility criteria listed in the two previous bullets;
- A firstborn up to 12 weeks of age whose family is determined to be at risk; or

- A first-time father or guardian of a child identified above.

In order to ensure that recipients meet qualifications for participation in the program, the Department for Medicaid Services implemented a series of claim edits and audits. The edits and audits consist of checking for previous births using the mother's Medicaid identification number and comparing claims history for all participants in the program. These procedures ensure that only qualified families participate and provide data to support paid claims for audit purposes. DPH implemented a rigorous web-based system to track which services are provided to each client and performs site visits and audits of local health departments annually to monitor implementation. This information supports statewide assessment of HANDS and thorough internal evaluation, illustrating improvements in health outcomes among participants.

As Kentucky transitions to Medicaid managed care, HANDS will not be required of managed care organizations nor included in their payment rate. The program will continue to be administered by DPH and its utilization monitored by Medicaid. As a result, HANDS financing and management is anticipated to remain relatively consistent despite this shift, which will allow the program to continue to promote positive birth outcomes for one of Kentucky's most vulnerable populations.

For references, please visit www.pewstates.org/homevisiting.